

Title: **METHOD AND SYSTEM FOR AUTOMATING OCCUPATIONAL HEALTH AND SAFETY
INFORMATION MANAGEMENT**

First Named Inventor: **Brad Joseph et al.**

Application Serial No.: / Atty. Docket No.: **FMC 1529 PUS / 201-1421**

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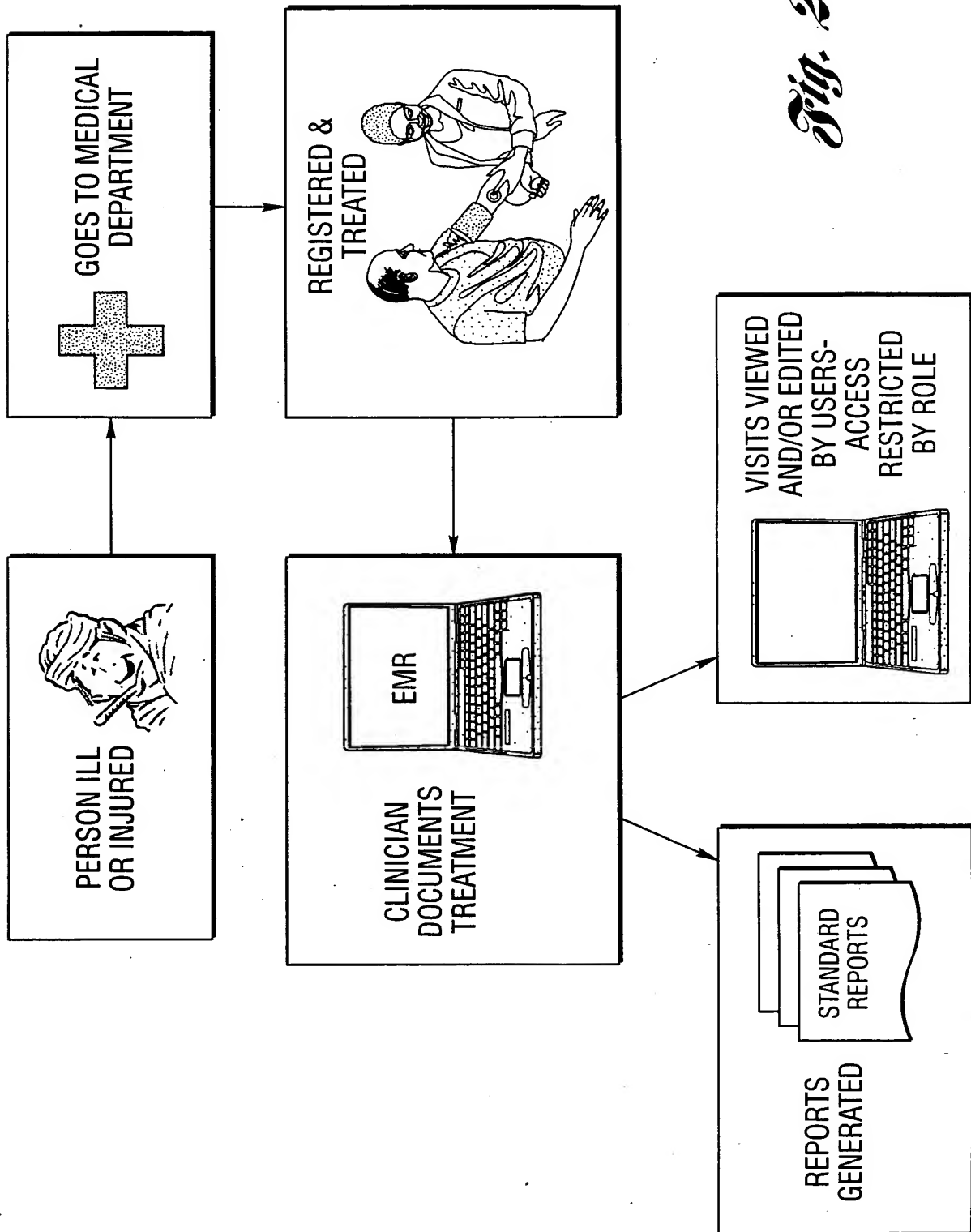


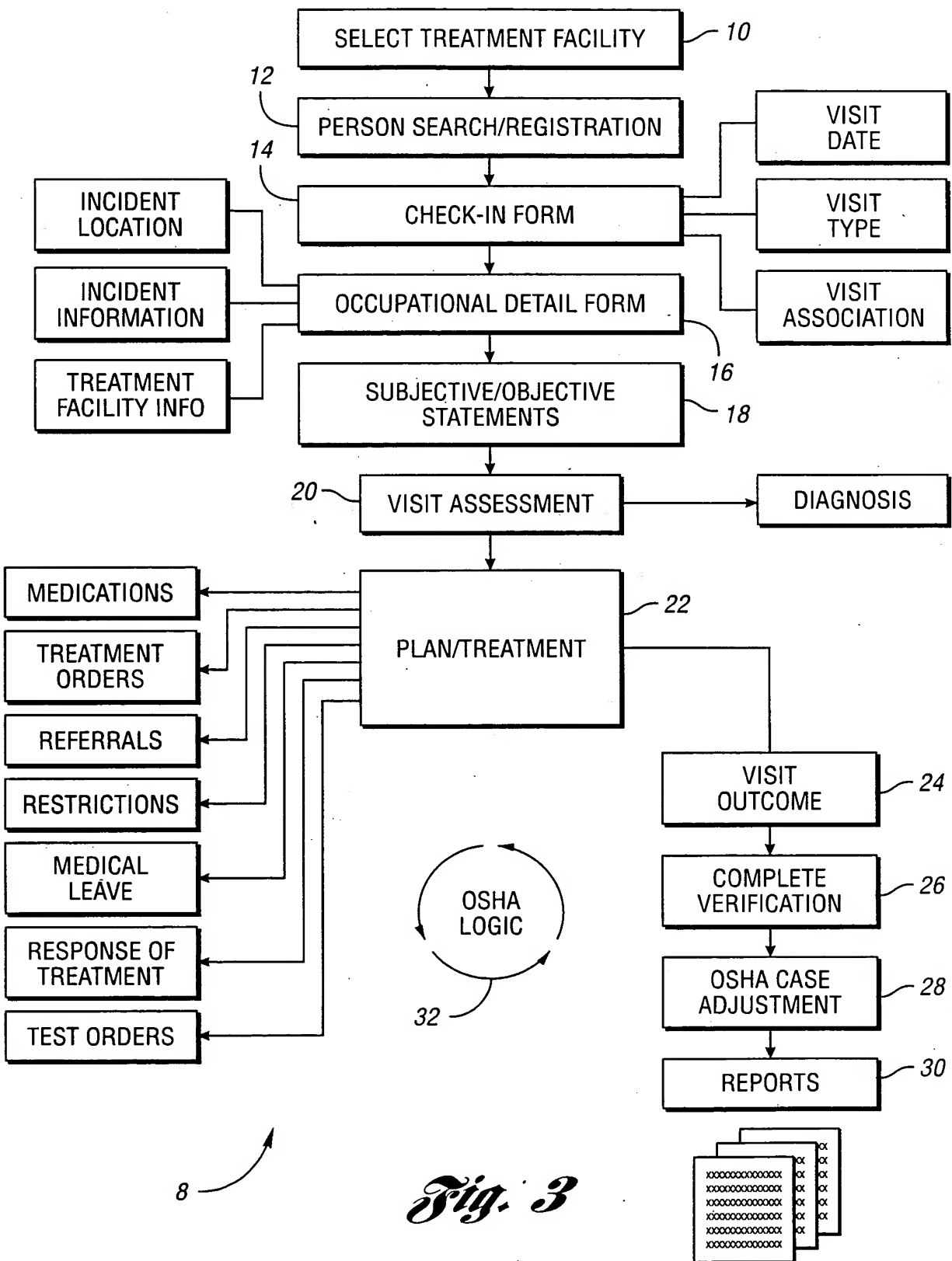
Fig. 2

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Check In	Occupational Detail	Subjective	Objective
Assessment	Plan/Treatment	Visit History	Complete Verification
		Person History	Restrictions
			Notify Staff
			Help

Complete/Verification Screen

To complete this visit all required fields must be completed. (If a screen does not have a check associated with it, click on the screen name link to access the screen.)

Required data to complete a visit

	Required Fields Completed
Data Input Screen	✓
Occupational Detail	✓
Subjective	✓
Objective	✓
Assessment	✓
Plan/Treatment	✓
Visit Outcome	✓

<<Back Visit Summary Exit Visit>> Delete Visit

Fig. 4

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4 Add Diagnosis - Microsoft Internet Explorer

Add Diagnosis

Primary* ☒ Yes ☐ No 16

Body Part* Ankle 18

Laterality* Left 20

☒ Simplified Diagnosis

Diagnosis* Fracture-Closed 22

Illness Flag* ☐ Yes ☒ No

☐ ICD - 10 Diagnosis

Chapter* Injury, Poisoning and Certain other Consequences of External Causes 24

Main* Injuries to the ankle and foot

Sub-Category 1* Fracture of foot, except ankle

Sub-Category 2* Fracture of Talus

Clarification* Fracture-closed

Save New Cancel

4 Done

Fig. 5

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OSHA Executive	OSHA Log Analysis	OSHA Inj/Ill Incident for Auth. Emp. Rep.	Primary Concern Case
OSHA Log		OSHA Inj/Ill Incident	OSHA Summary

Selection Criteria:

Plant/Building*	Select One	26
Calendar Year*	Select One	28
Incident Date From		
Case Number Form	Select One	
Incident Department	All	
Incident Work Location	All	
Case Type	<input checked="" type="radio"/> All <input checked="" type="radio"/> Illness Only <input checked="" type="radio"/> Injuries Only	
Person Name		Person Search
Person Primary ID		
Sort By*	Select One	
OSHA Cases	<input checked="" type="radio"/> All <input type="radio"/> Active <input type="radio"/> Deleted	

Incident Date To: 30

Case Number To: Select One 32

Submit Reset Cancel

Fig. 6

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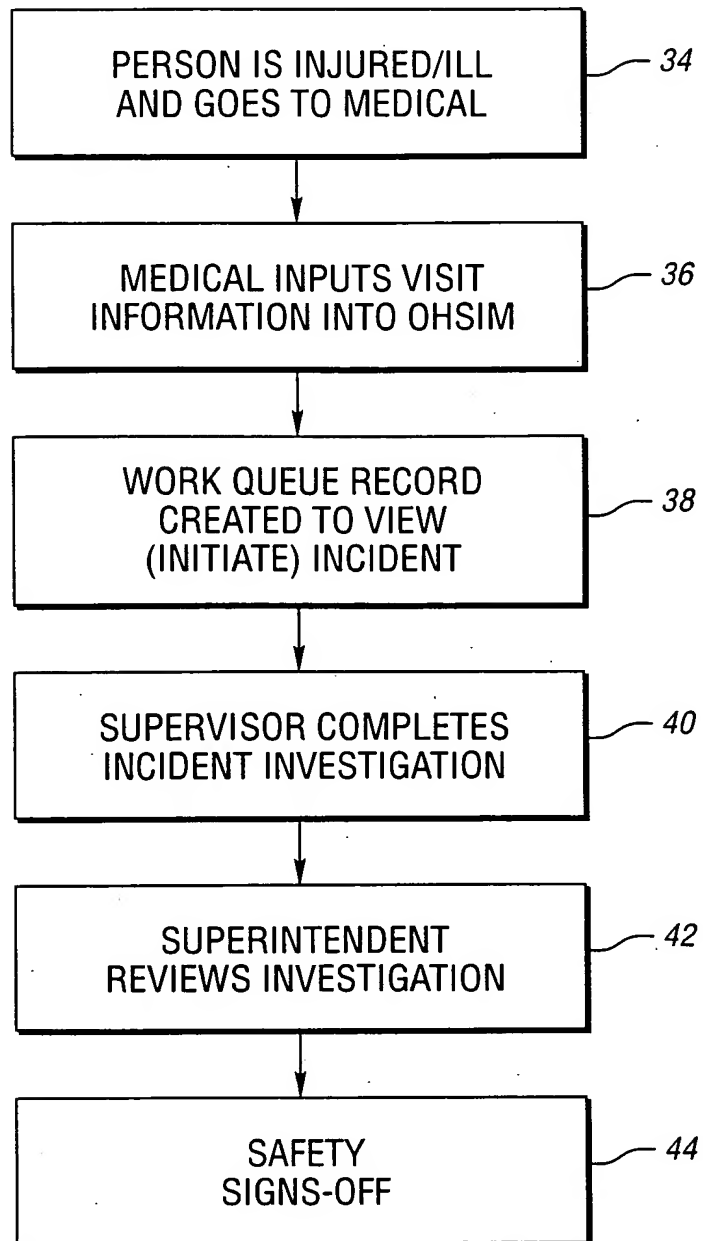


Fig. 7

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Work Queue Search						
Selection Criteria						
User Role*	Supervisor / Team Leader					
Plant/Building*	Kansas City Assembly Plant					
Department	00003 - Manufacturing					
Work Location	0000013385 - Vehicle Evaluation					
Employee Type	All					
Action	View Incident					
Level of Urgency	All					
Sort By	WQ Date	<input type="radio"/> Ascending <input checked="" type="radio"/> Descending				
Sub Sort By	WQ Date	<input checked="" type="radio"/> Ascending <input type="radio"/> Descending				
		Search	Report			
		Reset				
Search Results (Page 1 of 1)			Total Number of Record(s) = 3			
Level Of Urgency	Action	Reason	Person	Plant-Bldg/Work Location	Investigator CDSID	WQ Date
<input checked="" type="checkbox"/>	View Incident	Injury Illness Reported	UAT. TEST	2303/ 0000013385 - Vehicle Evaluation		08/12/2002
<input checked="" type="checkbox"/>	View Incident	Injury Illness Reported	UAT. TEST	2303/ 0000013385 - Vehicle Evaluation		08/12/2002

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Fig. 8

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Fig. 9

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Witnesses	Cost	Injury/Illness Information	Location/Job Information	Complete/Verification	View Investigation	Attachment(s)
Investigation Information		Primary ID 384042870	Work Location 0000013353 Body Area - Car Shift	Job Code/Set ID/Description 912977 / USA / Supv-Vehicle Assembly Opns	Investigation ID 020000121	Corrective Action
Person Name Sabol, Christopher D.						
Investigator Information						
Responsible Plant/Building* ARIZONA PROVING GROUND						
Investigator Name Hanshaw, Annabelle						
CDS ID AHANSHAW						
Work Phone 555-5151						
Incident Date* (mm/dd/yyyy) WQ Date						
Incident Time* (hour:minute) : :						
Incident Person Start Time* (hour:minute) : :						
Investigation Initiated Date* (mm/dd/yyyy) 12						
Investigation Type* <input checked="" type="radio"/> Human Injury/Illness <input type="radio"/> Near Miss <input type="radio"/> Property Damage <input type="radio"/> Risk Assessment						
Investigator Description of Incident* <div></div>						
Person Statement of Incident* <div></div>						
Test						

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Local intranet

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Fig. 10

Person Name Stanfield, Dennis	Primary ID 509804494	Work Location NA	Job Code/Set ID/Description 0102710 / 888 / Assembler - Paint Shop	Investigation ID 010000173
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View Investigation

Investigator Information

Incident Location/Job Information

Incident Analysis

Corrective Action(s)

Witness Statement(s)

Incident Cost

Injury/Illness Information

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Superintendent Comments or Reason for Rejection

58

Safety Comments or Reason for Rejection

Accept

Reject

Preview Investigation

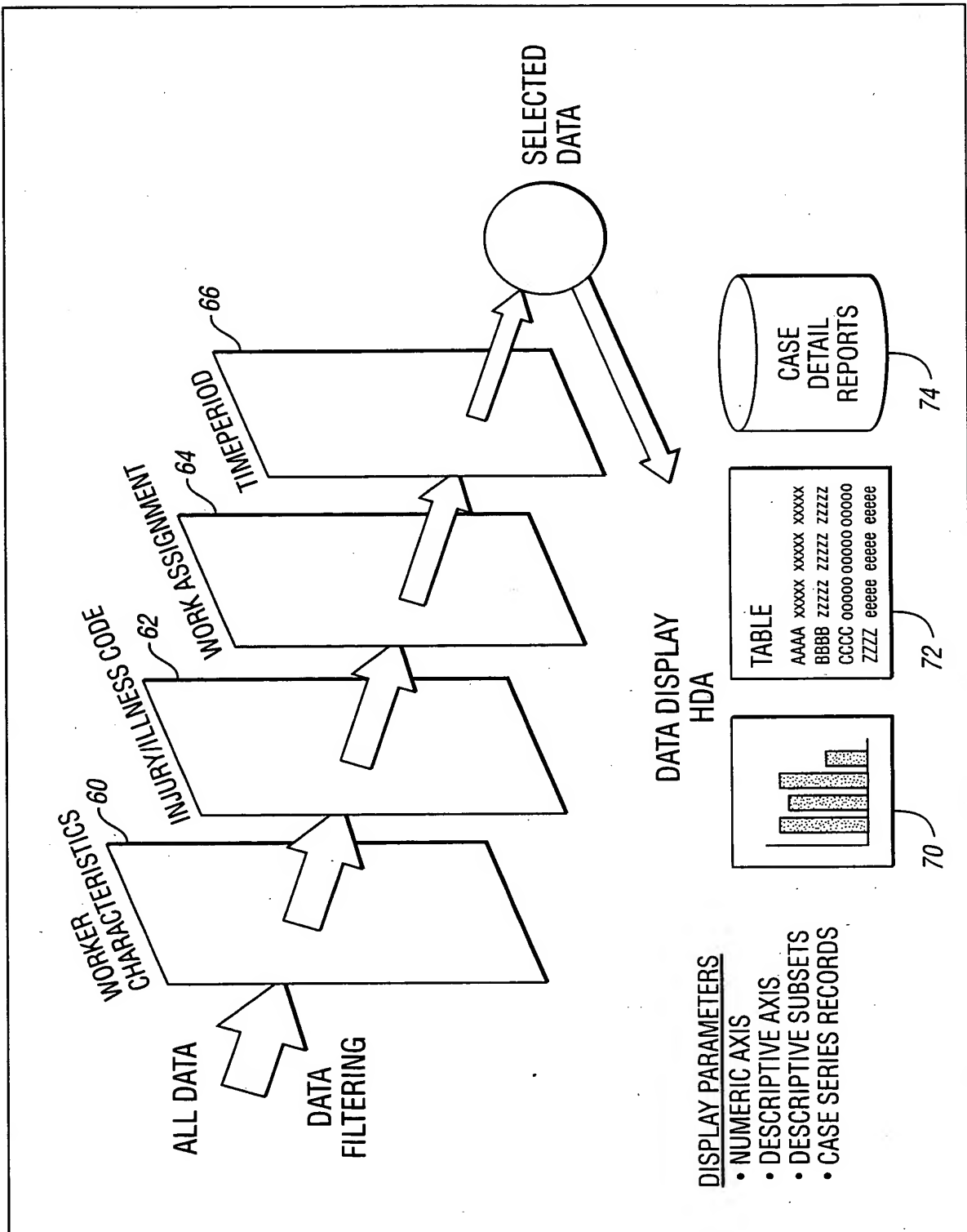
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Fig. 11



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Basic Selections	Detail Selections	Format Output	Review Selections
Custom Analytical Reporting - Basic Selections			
Help			
Plant:	Kentucky Truck Plant	Multi-Plant Analysis	80
Period of observation:	From 10/01/2001	Through 10/01/2001	82
Incident Type:	<input checked="" type="radio"/> Injury/Illness	<input type="radio"/> Near Miss	84
	<input type="radio"/> Property Damage Only		
Report Type:	<input checked="" type="radio"/> Charts/Tables	<input type="radio"/> Case Detail Report	86
	<input type="radio"/> Specified Listing	<input type="radio"/> Worker's Compensation Report	
Save Selection	Maintain/Retrieve Selections	Reset Current Selections	
	Generate Report		
			78

Fig. 12

Basic Selections **Detail Selections** **Format Output** **Review Selections**

Custom Analytical Reporting - Format Output - Charts/Tables [Help](#)

Numeric Value: ☒ Counts ☐ Rates ☐ Incidents per 200,000 Hours } 90

Chart Type: ☐ Simple Bar ☒ Complex Bar ☐ Simple Time Trend ☒ Complex Time Trend } 92

Descriptive Axis: WORK LOCATION } 94
Subgroup: GENDER } 96

☒ Graph Top 12 Only ☐ Graph All } 98
☒ Graph Top 5 Only (within Subgroup) ☐ Graph All }
☒ Horizontal ☐ Vertical

Custom Subtitle: 100

Save Selection **Maintain/Retrieve Selections** **Reset Current Selections**
Generate Report

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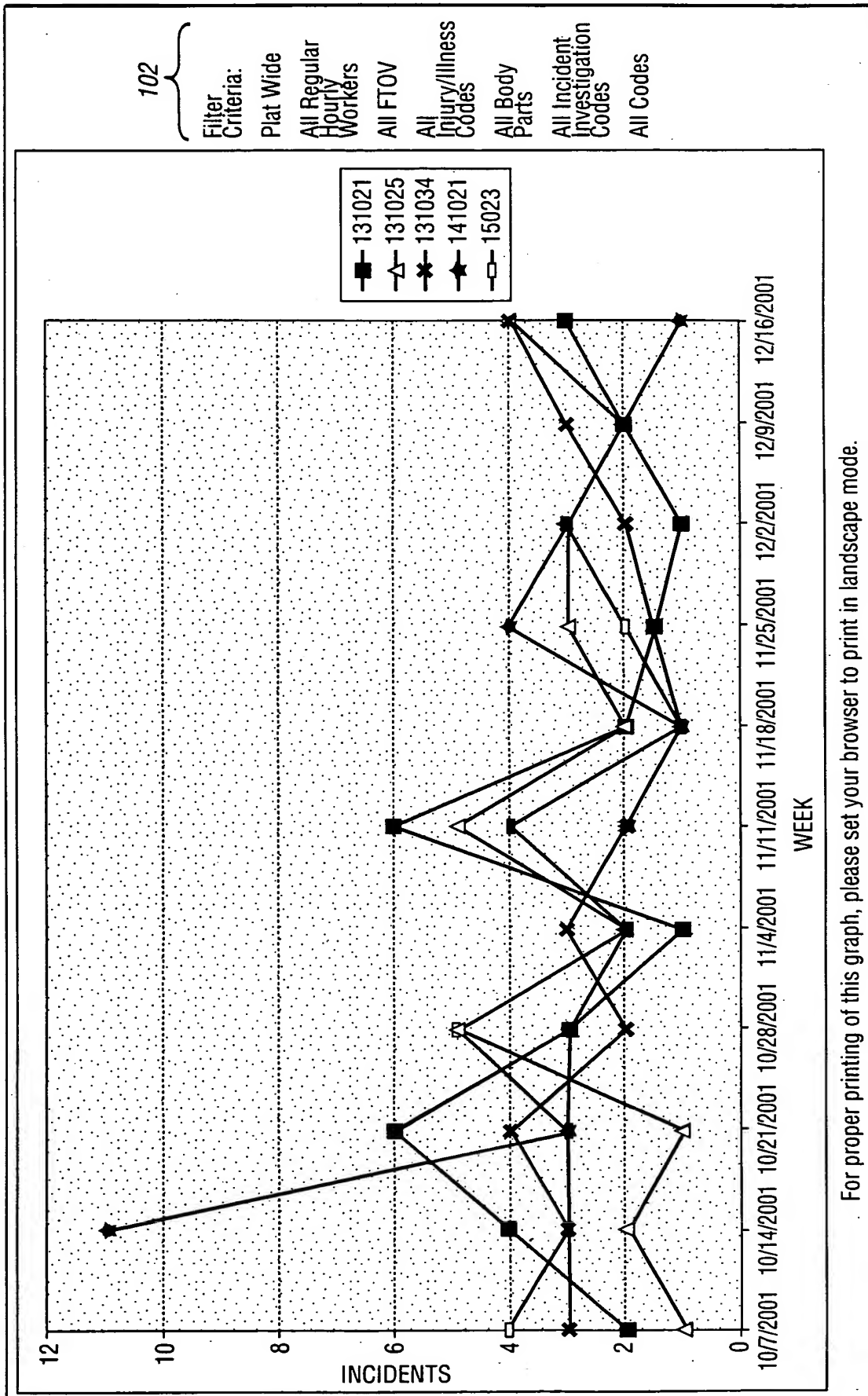


Fig. 14

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Basic Selections

Detail Selections

Format Output

Review Selections

Plant: ☐ Organizational Variables | ☐ Personal Variables | ☐ Visit Type | ☐ Injury Illness Variables
Body Part: ☐ Incident Investigation Codes | ☐ Cost

Help

105

Custom Analytical Reporting - Detail Selections - Plant

COMPANY:

FORD MOTOR COMPANY

104

☒ Region

☐ Country

106

REGION:

EUROPE

NORTH AMERICA

>

>>

<

<<

SELECTED REGION:

ALL

108

☒ Division

☐ SubDivision

110

DIVISION:

MARKETING AND SALES

OTHERS

POWERTRAIN OPERATIONS

VEHICLE OPERATIONS

>

>>

<

<<

SELECTED REGION:

ALL

112

PLANT:

ARIZONA PROVING GROUNDS

ATLANTA ASSEMBLY PLANT

ATLANTA PARTS DISTRIBUTION CEN

AUTO TRANSM NEW PRODUCT CTR

AUTOMATIC TRANSMISSION OPNS

>

>>

<

<<

SELECTED PLANT:

ALL

114

Fig. 15

Basic Selections

Detail Selections

Format Output

Review Selections

Plant | Organizational Variables | Personal Variables | Visit Type | Injury Illness Variables
Body Part | Incident Investigation Codes | Cost

Custom Analytical Reporting - Detail Selections - Organizational Variables

Help

☒ Plant Wide

☐ Specific Selections

116

Skill: ☒ Skilled ☒ Unskilled

118

Job Code Filter

122

Filter

120

JOB CODE::

"DOOR, DECK, HOOD-FIT & ADJUST"
"SINTER PLANT OPERATOR-"A"
"WELDER-ARC, ACETYLENE \$ GAS"
0000000
000143
000153

124

ALL

126

> >> < <<

128

Reset

Fig. 16